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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09 / 639,533
Filing Date	08 / 16 / 2000
First Named Inventor	Heuring, Klaus
Group Art Unit	2761
Examiner Name	
Attorney Docket Number	KLA-0100

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

I have changed offices, no longer work for the inventor's attorney.

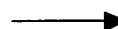
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OR

☒ Firm or
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- ☒ This request is made on behalf of myself and
☐ all the attorneys/agents of record,
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number _____

This request is enclosed in triplicate (including any attachments).

Name

James M. Acheson Jr. Reg. No 45,585

Signature

JMA

Date

4-6-03

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.